

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90222 045 ***138.75

DOCUMENT # L05000114433

1. Entity Name
PROCARGO USA, LLC



Principal Place of Business

2135 NW 79 AVE.
MIAMI, FL 33122

Mailing Address

P.O. BOX 226245
MIAMI, FL 33122

60022356



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03252008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3863915

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

INFANTE, ZUMPANO, HUDSON & MILOCH, LLC
2801 PONCE DE LEON BLVD., STE 1280
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
NELSON ANGEL S. BARJA
Street Address (P.O. Box Number is Not Acceptable)

2135 NW 79 Ave

City
MIAMI

FL

Zip Code
33122

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LOPEZ, ALBERTO PABLO M
SARMIENTO 2688 APT. 401
MONTEVIDEO, URUGUAY, ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BARJA, NELSON ANGEL S
AVDA AMERICO RICARDONI 2525 APT. 103
MONTEVIDEO, URUGUAY, ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CRESPO, JORGELINA G
P.O. BOX 226245
MIAMI, FL 33122 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #